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January 17, 2006

To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818-493-2251
Attention: TECHNOLOGY CENTER 3700 Examiner: Tammie K. Heller Art Unit: 3762	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571-273-8300	Telecopier: 818/362-4795
RE: Filing of Amendment After Final App. No.: 10/823,427 Filed: 04/12/2002 Docket No.: A04P1032 Confirmation No. 4017	Number of pages being sent: <u>12</u> (Including cover page)

PLEASE DELIVER TO EXAMINER TAMMIE K. HELLER, Art Unit 3762.
Thank you.

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PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mark W. Kroll

Confirmation No.: 4017

Serial No.: 10/823,427

Examiner: Tammie K. Heller

Filed: 04/12/2004

Art Unit: 3762

Docket No.: A04P1032

For: IMPLANTABLE DEVICE THAT DIAGNOSES ISCHEMIA AND
MYOCARDIAL INFARCTION AND METHOD

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendment (AF)
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

X Amendment After FinalX Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	22	22	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	7	3	4	X \$200	800
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					0
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$800**
<u>X</u>	Charge Deposit Account No. 16-0068 the amount of \$800**					A copy of this letter is enclosed.

PATENT

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

X Any additional filing fees required under 37 CFR 1.16.

X Any patent application processing fees under 37 CFR 1.17.


X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

X Any patent application processing fees under 37 CFR 1.17.

X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 17 JAN 2006

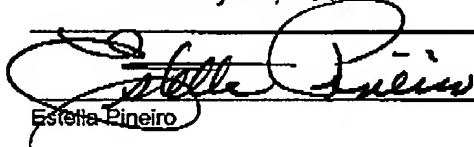


David S. Sarisky, Reg. No. 41,288
Attorney for Applicant
818-493-3369

CUSTOMER NUMBER: 36802

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

January 17, 2006



Estelle Pineiro
Date 1/17/06

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JAN 17 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

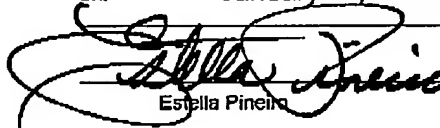
Applicant: Mark W. Kroll	Confirmation No.: 4017
Serial No.: 10/823,427	Examiner: Tammie K. Heller
Filed: 04/12/2004	Art Unit: 3762
Docket No.: A04P1032	
For: IMPLANTABLE DEVICE THAT DIAGNOSES ISCHEMIA AND MYOCARDIAL INFARCTION AND METHOD	

AMENDMENT AFTER FINAL

Mail Stop Amendment (AF)
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being facsimile
transmitted to the United States Patent and Trademark Office

on: January 17, 2006


Estella Pereira Date 1/17/06

Dear Sir:

In response to the Office Action mailed November 18, 2005, please amend the
above-identified application as follows:

01/18/2006 EAYALEW1 00000086 160068 10823427

01 FC:1201 800.00 DA

Serial No. 10/823,427

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Docket No. A04P1032